

<b>Case Number:</b>	CM15-0202593		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	01/19/2010
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Arizona, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 54 year old male with a date of injury on 01-19-2010. The injured worker is undergoing treatment for anxiety disorder. A physician noted dated 02-12-2015 documents he has concerns about his sleeping and taking an unspecified medication and he has morning grogginess. Ambien was requested. A progress note dated 05-19-2015 documents he has worsening pain in his left and right shoulders. He has numbness on the left side of his face radiating to his left shoulder. He stated he "had no sleep". He worries because of the pain. He appeared disheveled. Treatment plan included Ambien. A physician progress note dated 07-10-2015 documents the injured worker is worried regarding his case. He states "I can't sleep". He has suicidal ideation, but no plan or intent, and documents his son keeps him going. Ambien was prescribed which he has been on since at least 01-15-2015. Several documents within the submitted medical records are difficult to decipher. Treatment to date has included diagnostic studies, medications, physical therapy and, psychotherapy. Current medications include Ambien. On 09-23-2015 Utilization Review non-certified the request for Ambien 10mg at bedtime.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Ambien 10 at bedtime:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 64.

**Decision rationale:** The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had used the medication for several months. The etiology of sleep disturbance was not defined or further evaluated. Continued use of Zolpidem (Ambien) is not medically necessary.